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| <b>UTILITY</b><br><b>PATENT APPLICATION</b><br><b>TRANSMITTAL</b><br><small>Only for new nonprovisional applications under CFR 1.53(b)</small> | Attorney Docket No.<br>First Named Inventor or Appln Identified: <b>Ünal GAZYAKAN et al.</b><br>Title: <b>TRANSFER CASE WITH CONTROLLABLE CLUTCH</b><br>Express Mail Label No. | <b>ZAHFRI P607US</b><br><b>EL 969898755 US</b>   | 22764<br>U.S. PTO<br>10/776564 |
| <b>APPLICATION ELEMENTS</b><br>See MPEP chapter 600 concerning utility patent appln. contents.   |  | <b>ADDRESS TO: MAIL STOP PATENT APPLICATION</b><br><b>Commissioner for Patents</b><br><b>U.S. Patent &amp; Trademark Office</b><br><b>P. O. Box 1450</b><br><b>Alexandria, VA 22313-1450</b> |                                |

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| 1. <input checked="" type="checkbox"/> Check for US\$810<br>1A. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br><i>(Should be specifically itemized)</i><br>1B. <input checked="" type="checkbox"/> Fee Transmittal Form<br><i>(submit an original, and a duplicate for fee processing)</i><br>2. <input type="checkbox"/> Applicant claims small entity status<br><i>(see 37 CFR 1.27.)</i><br>3. <input checked="" type="checkbox"/> Specification (Total Pages) [ 10 ]<br><i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> <li>• Descriptive title of the invention</li> <li>• Cross References to Related Applications</li> <li>• Statement Regarding Fed sponsored R &amp; D</li> <li>• Reference to Microfiche Appendix</li> <li>• Background of the Invention</li> <li>• Brief Summary of the Invention</li> <li>• Brief Description of the Drawings <i>(if filed)</i></li> <li>• Detailed Description</li> <li>• Claim(s)</li> <li>• Abstract of the Disclosure</li> </ul> 4. <input checked="" type="checkbox"/> Original Dwg (35 USC 113) (Total Pgs.) [ 1 ]<br>5. <input checked="" type="checkbox"/> Oath or Declaration (Total Pgs.) [ 3 ] <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application<br/>                 (37 CFR 1.63(d))<br/>                 <i>(for continuation/divisional with Box 17 completed)</i></li> </ul> | 6. <input type="checkbox"/> Application Data Sheet (see 37 CFR).<br>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i><br>8. <input type="checkbox"/> Nucleotide an/or Amino Acid Sequence Submission<br><i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li> <li>b. <input type="checkbox"/> Specification Sequence Listing on:             <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> paper</li> </ul> </li> <li>c. <input type="checkbox"/> Statements verifying identity of above copies</li> </ul> |
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|--|--|
| <b>ACCOMPANYING APPLICATION PARTS</b><br>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))<br>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney<br><i>(when there is an assignee)</i><br>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i><br>12. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS<br>Statement (IDS)/PTO-1449 5 Citations<br>13. <input checked="" type="checkbox"/> Preliminary Amendment including a<br>Submission of Formal Dwgs & Fml Dwgs<br>14. <input checked="" type="checkbox"/> Submission of Certified Copy<br>15A. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s)<br><i>(if foreign priority is claimed)</i><br>16. <input checked="" type="checkbox"/> Other:<br>German Novelty Search Report |  |
|--|--|

17. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation    ☐ Divisional    ☐ Continuation-in-Part (CIP)    of prior application No.: \_\_\_\_ / \_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Group/Art Unit: \_\_\_\_\_


For **CONTINUATION OR DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**18. CORRESPONDENCE ADDRESS**

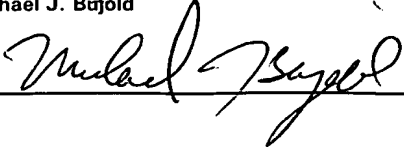
  

I hereby state that the above following attached papers or fee(s) are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR § 1.10, on the date indicated below and is addressed to the Commissioner for Patents, United States Patent & Trademark Office, P. O. Box 1450, Alexandria, VA 22313-1450.

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|---|---|--|
| <input checked="" type="checkbox"/> <b>Customer Number: 020210</b><br><b>Name: DAVIS &amp; BUJOLD, P.L.L.C.</b><br>500 North Commercial Street - 4th floor<br>Manchester, NH 03101-1151<br>United States of America | PATENT & TRADEMARK OFFICE<br><br><b>020210</b> | <input type="checkbox"/> Correspondence address below<br>Telephone: 603/624-9220<br>Telefax: 603/624-9229<br>E-Mail: patent@Davisandbujold.com |
|---|---|--|

**Name: Michael J. Bujold**

**Signature:** 

**Registration No.: 32,018**  
**Date: February 11, 2004**

02/11/04

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Ünal GAZYAKAN, Detlef BAASCH,  
Serial no. : Christoph PELCHEN and Barbara SCHMOHL  
For : TRANSFER CASE WITH CONTROLLABLE  
Docket : CLUTCH  
ZAHFRI P607US

MAIL STOP PATENT APPLICATION

The Commissioner for Patents  
U.S. Patent & Trademark Office  
P. O. Box 1450  
Alexandria, VA 22313-1450

**SUBMISSION OF PROPOSED DRAWING AMENDMENTS  
FOR APPROVAL BY EXAMINER (37 CFR 1.123)  
AND A NEW FORMAL DRAWING**

Dear Sir:

Attached hereto please find a copy of Fig. 1 of the original drawing with red ink markings showing proposed changes to the drawing of this application for which the approval of the Examiner is requested. Also enclosed is a new formal drawing including the requested amendments.

In the event that there are any fee deficiencies or additional fees are payable, please charge the same or credit any overpayment to our Deposit Account (Account No. 04-0213).

Respectfully submitted,



Michael J. Bujold, Reg. No. 32,018

**Customer No. 020210**

Davis & Bujold, P.L.L.C.

Fourth Floor

500 North Commercial Street

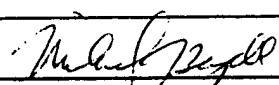
Manchester NH 03101-1151

Telephone 603-624-9220

Facsimile 603-624-9229

E-mail: patent@davisandbujold.com

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| FEE TRANSMITTAL  |   | Complete if Known   |                         |   |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
|--|---|---|-------------------------|---|-----------------|-----------------|-----------------|----------------|-----------------|-----------------|----------|--------------------|-------|------|-----|--------------------------------|-----|-------------------|----|------|-----|--|-----|------------------|-----|------|-----|---------------------------|-----|--------------------|-------|------|-------|---|----|----------------------|------|--------------|------|--|--|------|--------|--|--------|---|--|------|-------|----------------|----------|--------------------------|---------|----------------|-----|-------------|-------|--------------------------|-----|-----------------|-----|-------------------|-----|--------------------------|-----------------|----------------|-----------------|-----------------|------|--------------------------|------|------|------------------------|------|-------|--------------------------|----|-----------------------------------|------|------|------|------------------|--------------------------|------|-----|------|-----|---|------|------|------|------|---|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|---------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|---|--|------|-----|------|-----|---------------------------------|--|------|----|------|----|---|------|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|------------------------------|--|------|-----|------|-----|---|--|
| <b>for FY 2004</b><br>Patent fees are subject to annual revision<br><input type="checkbox"/> Applicant claims small entity status.<br>See 37 CFR 1.27  |   | Application No.<br>Filing Date<br>First Named Inventor<br>Examiner Name<br>Group Art Unit   |                         | Ünal GAZYAKAN et al.  |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| TOTAL AMOUNT OF PAYMENT: \$810   |   | Attorney Docket No.   |                         | ZAHFRI P607US   |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| METHOD OF PAYMENT (check all that apply)   |   | FEE CALCULATION (continued)   |                         |   |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><br><input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number: 04-0213<br>Deposit Account Name: DAVIS & BUJOLD, P.L.L.C.  |   | <b>3. ADDITIONAL FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge-late filing fee/oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge-late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for re-examination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Ext.for reply w/in 1 mon</td><td></td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Ext.for reply w/in 2 mon</td><td></td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Ext.for reply w/in 3 mon</td><td></td></tr> <tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td><td>Ext.for reply w/in 4 mon</td><td></td></tr> <tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td><td>Ext.for reply w/in 5 mon</td><td></td></tr> <tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a Brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,330</td><td>2453</td><td>665</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1,330</td><td>2501</td><td>665</td><td>Utility issue fee (for reissue)</td><td></td></tr> <tr><td>1502</td><td>480</td><td>2502</td><td>240</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>640</td><td>2503</td><td>320</td><td>Plant issue fee</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Petition related to provisional applns.</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Info.Disclo.Stmt.</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording ea. patent assignment per property (times No.of properties)</td><td>\$40</td></tr> <tr><td>1809</td><td>770</td><td>2809</td><td>385</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>770</td><td>2810</td><td>385</td><td>For ea.additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td>1801</td><td>770</td><td>2801</td><td>385</td><td>Request for Cont.Exam. (RCE)</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> </tbody> </table> |                         |   |                 | Large Fee Code  | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid | 1051               | 130   | 2051 | 65  | Surcharge-late filing fee/oath |     | 1052              | 50 | 2052 | 25  | Surcharge-late provisional filing fee or cover sheet |     | 1053             | 130 | 1053 | 130 | Non-English specification |     | 1812               | 2,520 | 1812 | 2,520 | For filing a request for re-examination |    | 1804                 | 920* | 1804         | 920* | Requesting publication of SIR prior to Examiner action |  | 1805 | 1,840* | 1805   | 1,840* | Requesting publication of SIR after Examiner action |  | 1251 | 110   | 2251           | 55       | Ext.for reply w/in 1 mon |         | 1252           | 420 | 2252        | 210   | Ext.for reply w/in 2 mon |     | 1253            | 950 | 2253              | 475 | Ext.for reply w/in 3 mon |                 | 1254           | 1,480           | 2254            | 740  | Ext.for reply w/in 4 mon |      | 1255 | 2,010                  | 2255 | 1,005 | Ext.for reply w/in 5 mon |    | 1401                              | 330  | 2401 | 165  | Notice of Appeal |                          | 1402 | 330 | 2402 | 165 | Filing a Brief in support of an appeal            |      | 1403 | 290  | 2403 | 145   | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional |  | 1501 | 1,330 | 2501 | 665 | Utility issue fee (for reissue) |  | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Petition related to provisional applns. |  | 1806 | 180 | 1806 | 180 | Submission of Info.Disclo.Stmt. |  | 8021 | 40 | 8021 | 40 | Recording ea. patent assignment per property (times No.of properties) | \$40 | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For ea.additional invention to be examined (37 CFR 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Cont.Exam. (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  |
| Large Fee Code   | Entity Fee (\$)   | Small Fee Code  | Entity Fee (\$)         | Fee Description   | Fee Paid        |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1051   | 130   | 2051  | 65                      | Surcharge-late filing fee/oath  |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1052   | 50  | 2052  | 25                      | Surcharge-late provisional filing fee or cover sheet                  |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1053   | 130   | 1053  | 130                     | Non-English specification   |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1812   | 2,520   | 1812  | 2,520                   | For filing a request for re-examination                               |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1804   | 920*  | 1804  | 920*                    | Requesting publication of SIR prior to Examiner action                |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1805   | 1,840*  | 1805  | 1,840*                  | Requesting publication of SIR after Examiner action                   |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1251   | 110   | 2251  | 55                      | Ext.for reply w/in 1 mon  |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1252   | 420   | 2252  | 210                     | Ext.for reply w/in 2 mon  |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1253   | 950   | 2253  | 475                     | Ext.for reply w/in 3 mon  |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1254   | 1,480   | 2254  | 740                     | Ext.for reply w/in 4 mon  |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1255   | 2,010   | 2255  | 1,005                   | Ext.for reply w/in 5 mon  |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1401   | 330   | 2401  | 165                     | Notice of Appeal  |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1402   | 330   | 2402  | 165                     | Filing a Brief in support of an appeal                                |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1403   | 290   | 2403  | 145                     | Request for oral hearing  |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1451   | 1,510   | 1451  | 1,510                   | Petition to institute a public use proceeding                         |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1452   | 110   | 2452  | 55                      | Petition to revive - unavoidable                                      |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1453   | 1,330   | 2453  | 665                     | Petition to revive - unintentional                                    |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1501   | 1,330   | 2501  | 665                     | Utility issue fee (for reissue)                                       |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1502   | 480   | 2502  | 240                     | Design issue fee  |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1503   | 640   | 2503  | 320                     | Plant issue fee   |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1460   | 130   | 1460  | 130                     | Petitions to the Commissioner   |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1807   | 50  | 1807  | 50                      | Petition related to provisional applns.                               |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1806   | 180   | 1806  | 180                     | Submission of Info.Disclo.Stmt.                                       |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 8021   | 40  | 8021  | 40                      | Recording ea. patent assignment per property (times No.of properties) | \$40            |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1809   | 770   | 2809  | 385                     | Filing a submission after final rejection (37 CFR 1.129(a))           |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1810   | 770   | 2810  | 385                     | For ea.additional invention to be examined (37 CFR 1.129(b))          |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1801   | 770   | 2801  | 385                     | Request for Cont.Exam. (RCE)  |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1802   | 900   | 1802  | 900                     | Request for expedited examination of a design application             |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| <b>1. FILING FEE</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td>\$770</td></tr> <tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provision filing fee</td><td></td></tr> <tr><td colspan="5" style="text-align: right;">SUBTOTAL (1)</td><td>\$770</td></tr> </tbody> </table> |   | Large Fee Code  | Entity Fee (\$)         | Small Fee Code  | Entity Fee (\$) | Fee Description | Fee Paid        | 1001           | 770             | 2001            | 385      | Utility filing fee | \$770 | 1002 | 340 | 2002                           | 170 | Design filing fee |    | 1003 | 530 | 2003   | 265 | Plant filing fee |     | 1004 | 770 | 2004                      | 385 | Reissue filing fee |       | 1005 | 160   | 2005                                    | 80 | Provision filing fee |      | SUBTOTAL (1) |      |  |  |      | \$770  | <b>2. CLAIMS</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Extra</th> <th>Fee From Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>6 - 20*</td> <td>= \$18 (\$9) x</td> <td>= 0</td> </tr> <tr> <td>Ind. Claims</td> <td>1 - 3</td> <td>= \$86 (\$43) x</td> <td>= 0</td> </tr> <tr> <td>Mult.Ind.Claims</td> <td></td> <td>= \$290 (\$145) x</td> <td>= 0</td> </tr> </tbody> </table> <p>** or number previously paid, if greater; For Reissues, see below</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td></tr> <tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td></tr> <tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim</td></tr> <tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>**Reissue independent claims over original patent</td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>**Reissue claims in excess of 20 and over original patent</td></tr> <tr><td colspan="5" style="text-align: right;">SUBTOTAL (2)</td><td>\$-0-</td></tr> </tbody> </table> |        |   |  |      | Extra | Fee From Below | Fee Paid | Total Claims             | 6 - 20* | = \$18 (\$9) x | = 0 | Ind. Claims | 1 - 3 | = \$86 (\$43) x          | = 0 | Mult.Ind.Claims |     | = \$290 (\$145) x | = 0 | Large Fee Code           | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | 1202 | 18                       | 2202 | 9    | Claims in excess of 20 | 1201 | 86    | 2201                     | 43 | Independent claims in excess of 3 | 1203 | 290  | 2203 | 145              | Multiple dependent claim | 1204 | 86  | 2204 | 43  | **Reissue independent claims over original patent | 1205 | 18   | 2205 | 9    | **Reissue claims in excess of 20 and over original patent | SUBTOTAL (2)             |  |      |       |      | \$-0- |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| Large Fee Code   | Entity Fee (\$)   | Small Fee Code  | Entity Fee (\$)         | Fee Description   | Fee Paid        |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1001   | 770   | 2001  | 385                     | Utility filing fee  | \$770           |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1002   | 340   | 2002  | 170                     | Design filing fee   |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1003   | 530   | 2003  | 265                     | Plant filing fee  |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1004   | 770   | 2004  | 385                     | Reissue filing fee  |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1005   | 160   | 2005  | 80                      | Provision filing fee  |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| SUBTOTAL (1)   |   |   |                         |   | \$770           |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
|  | Extra   | Fee From Below  | Fee Paid                |   |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| Total Claims   | 6 - 20*   | = \$18 (\$9) x  | = 0                     |   |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| Ind. Claims  | 1 - 3   | = \$86 (\$43) x   | = 0                     |   |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| Mult.Ind.Claims  |   | = \$290 (\$145) x   | = 0                     |   |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| Large Fee Code   | Entity Fee (\$)   | Small Fee Code  | Entity Fee (\$)         | Fee Description   |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1202   | 18  | 2202  | 9                       | Claims in excess of 20  |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1201   | 86  | 2201  | 43                      | Independent claims in excess of 3                                     |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1203   | 290   | 2203  | 145                     | Multiple dependent claim  |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1204   | 86  | 2204  | 43                      | **Reissue independent claims over original patent                     |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1205   | 18  | 2205  | 9                       | **Reissue claims in excess of 20 and over original patent             |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| SUBTOTAL (2)   |   |   |                         |   | \$-0-           |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| **or number previously paid, if greater; For Reissues, see above   |   | Other fee (specify)<br>*Reduced by Basic Filing Fee Paid <b>SUBTOTAL (3)</b> \$40   |                         |   |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| SUBMITTED BY   |   | Completed (if applicable)   |                         |   |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| Typed or Printed Name  | Michael J. Bujold   | Registration Number   | 32,018                  | Telephone No. (603) 624-9220  |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| Signature  |  | Date: February 11, 2004   | Deposit Account User ID | 04-0213   |                 |                 |                 |                |                 |                 |          |                    |       |      |     |                                |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                      |      |              |      |  |  |      |        |  |        |   |  |      |       |                |          |                          |         |                |     |             |       |                          |     |                 |     |                   |     |                          |                 |                |                 |                 |      |                          |      |      |                        |      |       |                          |    |                                   |      |      |      |                  |                          |      |     |      |     |   |      |      |      |      |   |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |                                 |  |      |    |      |    |   |      |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |